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Fax: (571) 273-8300

From: Joyce G. Cohen, Legal Dept.
Company: Theravance, Inc.
901 Gateway Boulevard
South San Francisco, California 94080 USA

Telephone: (650) 808-6000
Fax: (650) 808-6078

Date: October 5, 2005
of pages: 9 page(s)
(including this page)

Re: Application No.: 10/691,094
Confirmation No.: 4781
Art Unit: 1626
Attorney Docket No.: P-144-US2
Title: INDOLINONE DERIVATIVES

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PTO/SB/21 (09-04)

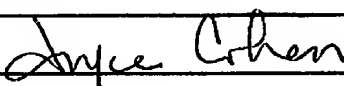
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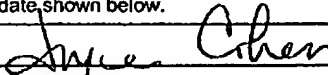
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/691,094
	Filing Date	October 22, 2003
	First Named Inventor	John H. Griffin
	Art Unit	1626
	Examiner Name	Janet L. Coppins
Total Number of Pages in This Submission	Attorney Docket Number	P-144-US2

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks There are 6 pages of amendment.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	THERAVANCE, INC.		
Signature			
Printed Name	Joyce G. Cohen		
Date	October 5, 2005	Reg. No.	44,622

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PTO/SB/17 (12-04v2)

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FEE TRANSMITTAL for FY 2005		Complete If Known	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	10/691,094
		Filing Date	October 22, 2003
		First Named Inventor	John H. Griffin
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Janet L. Copplins
TOTAL AMOUNT OF PAYMENT		Art Unit	1826
(\$) 0		Attorney Docket No.	P-144-US2

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ Nonc ☐ Other (please identify) : _____

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
6	-20 or HP= _____ x _____ = _____	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
2	-3 or HP= _____ x _____ = _____	Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

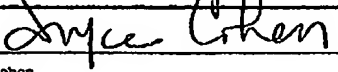
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

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SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,622	Telephone	650-808-8000
Name (Print/Type)	Joyce G. Cohen	Date	October 5, 2005		

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Reply Under 37 CFR 1.116 -- Expedited Procedure
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name: Joyce G. Cohen, Reg. No. 44,622

Patent
Attorney Docket: P-144-US2
Customer No.: 27038

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)	Confirmation No. 4781
John H. GRIFFIN et al.)	
)	
Application No.: 10/691,094)	Group Art Unit: 1626
)	
Filed: October 22, 2003)	Examiner: Janet L. Coppins
)	
For: INDOLINONE DERIVATIVES)	

REPLY UNDER 37 C.F.R. §1.116-- Expedited Procedure

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Commissioner for Patents
P. O. Box 1450
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Sir:

This reply is being filed in response to the Final Office Action mailed on August 22, 2005, for which a three-month period for response was given. This response is being filed within the two month period from the mailing date of the final Office Action.

In view of the following amendments and remarks, reconsideration and allowance of the application are respectfully requested.

Amendments to the Claims start on page 2.

The Remarks section starts on page 5.

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